

## Questionnaire for INSURANCE OF FLOATING HOMES



### GENERAL INFORMATION

#### Policy holder

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP code, town: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Private use:  yes  no

Rental use:  yes  no

Commercial use (office):  yes  no

Other commercial use: \_\_\_\_\_

### OFFICIAL PERMIT

yes  no

### OBJECT DATA

#### Information to your floating home

Type: \_\_\_\_\_

Year built: \_\_\_\_\_

Builder/shipyard: \_\_\_\_\_

Length: \_\_\_\_\_ m      Draft: \_\_\_\_\_ m

Beam: \_\_\_\_\_ m      Living space: \_\_\_\_\_ m<sup>2</sup>

Are the floating bodies separated in different sections?  yes  no

Is it a serial construction?  yes  no

Is it an individual built floating house?  yes  no

Berth (address): \_\_\_\_\_

flowing waters  inner harbour  seaport  lake

Berth in the winter (if different from above): \_\_\_\_\_

Berth on land?  yes  no

Please send to us via mail or telefax to +49 (40)36 98 49 – 11

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Schomacker Versicherungsmakler GmbH  
Katharinenhof / Zippelhaus 2  
D - 20457 Hamburg

## MOTOR

Please state:  yes  no

Manufacturer:

HP:

Cruising area:  inland waterways  coast

## INSURANCE SUM

**1. Hull:** new construction value incl. fees and costs for architects and planning, plus. VAT, if not entitled to deduct

Euro

**2. Other components:** (fences, pavement fortification, electric lines, racks or stands, masts, dog houses and kennels, trash can boxes, TV-antennas, satellite reception systems, clothes racks (as long as installed), doorbell and mailbox systems, illumination of paths and garden, terraces, roofs (except for swim covers, greenhouses, and arbours).

Euro (value as new)

**3. Furniture, inventory, personal belongings (household items):**

Euro (value as new)

**4. Loss of rent following an insured claim:** Max. daily earnings less saved operating costs.

Euro/day

Max. liability per claim/year:  30 days  60 days  90 days

**5. Liability insurance:** Insurance sum (lumpsum) for personal injury and damage to property

Euro 10 Mio.  Euro 5 Mio.

## PREVIOUS INSURANCE

please state:  yes  no

**General information:**

Previous insurance:

Contract no:

Term of current insurance:

Current insurance broker:

Have any insurance enquiries been denied?  yes  no

Have any insurance contracts been cancelled?  yes  no

Have there been any claims in the last 4 years?  yes  no

Present damages which have not been repaired?  yes  no

**Previous claims** (in the last 4 years)

Year of claim:

Amount of claim in Euro:

Kind of claim:

Place, date:

Signature: